4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT

LOCAL ELECTIONS CANDIDATE

ELECTIONS BC
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PLEASE PRINT IN BLOCK LETTERS

Amendment # _____

CANDIDATE'S FULL NAME Lilia Hansen		GENERAL VOTING DAY (YYYY/MM/DD) 2017/09/09
BALLOT NAME (IF DIFFERENT FROM ABOVE) Lilia Hansen		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Councillor
MAILING ADDRESS 9019 112 Ave		PHONE NO. 250 261-3148
CITY / TOWN Fort St. John	POSTAL CODE V1J 6G2	EMAIL (IF AVAILABLE) liliahansen@shaw.ca

JURISDICTION Fort St. John
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE)
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)

FINANCIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME
FINANCIAL AGENT'S MAILING ADDRESS		PHONE NO.
CITY / TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)	**If there were previous financial agents, complete form 4236.**	

[X] Tick if candidate acted as their own financial agent

[ ] Tick if candidate was registered as a third party sponsor

This disclosure statement includes the following forms:

- Declarations and Campaign Accounts – **Form 4221** [✓]
- Statement of Income and Expenses – **Form 4222** [ ]
- Summary of Campaign Contributions by Class – **Form 4223** [✓]
- Significant Contributors ($100 or more) – **Form 4224** [✓]
- Prohibited Campaign Contributions – **Form 4225** [✓]
- Transfers Received from Elector Organization – **Form 4226** [✓]
- Other Permissible Deposits – **Form 4227** [✓]
- Fundraising Function Ticket Sales – **Form 4228** [✓]
- Summary of Election Expenses – **Form 4229** [✓]
- Transfers Given to Elector Organization – **Form 4230** [✓]
- Other Permissible Payments – **Form 4231** [✓]
- Shared Election Expense – **Form 4232** [✓]
- Transfers Between Candidate's Own Accounts – **Form 4233** [✓]
- Disbursement of Surplus Funds – **Form 4234** [✓]
- Free Advertising from Jurisdiction – **Form 4235** [✓]
- Previous Financial Agents – **Form 4236** [✓]

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4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE
Lilia Hansen

Declaration:

I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and accurately discloses the information required under the *Local Elections Campaign Financing Act* (LECFA).

SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD)
Lilia Hansen	2017/09/23
PRINTED NAME OF CANDIDATE	
Lilia Hansen	

SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
PRINTED NAME OF FINANCIAL AGENT	

Campaign accounts:

NAME OF SAVINGS INSTITUTION
Canadian Imperial Bank of Commerce (CIBC)

ADDRESS
9959-100 Avenue, Fort St. John, BC V1J 1Y4

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS

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4222 - STATEMENT OF INCOME AND EXPENSES

LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE
Lilia Hansen

Total value of campaign contributions from all sources (from box **C** on form **4223**)	Ø	
Transfers received from elector organization (from box **A** on form **4226**)	Ø	
Total other permissible deposits (from box **A** on form **4227**)	Ø	
Transfers from candidate's own accounts in other jurisdictions (from box **A** on form **4233**)	Ø	
Total Income (sum of above boxes)	Ø	**A**
Election expenses (from box **A** on form **4229**)	2,012.60	
Transfers to elector organization (from box **A** on form **4230**)	Ø	
Total other permissible payments (from box **A** on form **4231**)	50.00	
Transfers to candidate's own accounts in other jurisdictions (from box **B** on form **4233**)	Ø	
Amount of surplus funds disbursed (from box **A** on form **4234**)	Ø	
Total Expenditures (sum of above boxes)	2,062.00	**B**

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4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS
LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE
Lilia Hansen

	All Contributions	
Individuals		
Corporations		
Unincorporated Business/Commercial Organizations		
Trade Unions		
Non-profit Organizations		
Other Identifiable Contributors		
Total	$ Ø	A
Anonymous contributions	$ Ø	B
Total contributions (A + B)	$ Ø	C
Total significant contributions (must equal box **A on all** forms **4224**)	$ Ø	
Total contributions of less than $100	$ Ø	
Number of contributors who gave less than $100	# Ø	
Number of anonymous contributors	# Ø	

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4224 - SIGNIFICANT CONTRIBUTORS ($100 OR MORE)

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NAME OF CANDIDATE
Lilia Hansen

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DATE OF CONTRIBUTION (YYYY/MM/DD)	FULL NAME OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6, include full names of two directors)	ADDRESS OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6 only)	CLASS*	VALUE OF CONTRIBUTION

IF NEEDED, ATTACH ADDITIONAL FORMS

*** CLASS OF CONTRIBUTOR:**
1 – INDIVIDUAL, 2 – CORPORATION, 3 – UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION
4 – TRADE UNION, 5 – NON-PROFIT ORGANIZATION, 6 – OTHER IDENTIFIABLE CONTRIBUTOR

TOTAL CONTRIBUTIONS A ∅

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4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE
Lilia Hansen

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INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received. Attach additional forms if necessary.

RECEIVED FROM	DATE RECEIVED (YYYY/MM/DD)	$ VALUE	DATE RETURNED (YYYY/MM/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
☐ INDIVIDUAL ☐ ORGANIZATION ☐ ANONYMOUS		Ø			

DESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED

Complete this field if the prohibited campaign contribution was received from an individual:

NAME OF INDIVIDUAL

Complete these fields if the prohibited campaign contribution was received from an organization:

NAME OF ORGANIZATION	CLASS*
MAILING ADDRESS	
NAME OF DIRECTOR	NAME OF DIRECTOR

*** CLASSES OF CONTRIBUTORS:**
1 – INDIVIDUAL, 2 – CORPORATION, 3 – UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION, 4 – TRADE UNION, 5 – NON-PROFIT ORGANIZATION, 6 – OTHER

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4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION

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NAME OF CANDIDATE
Lilia Hansen

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DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER

*Also include legal name if different than ballot name.

TOTAL A ∅

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4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT

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NAME OF CANDIDATE
Lilia Hansen

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DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT

TOTAL A ∅

*TYPE:
I – Interest
D – Dividends of shares paid by credit union
S – Surplus funds from previous election returned by jurisdiction
F – Fundraising income not reported as a campaign contribution
O – Other (describe)

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4228 - FUNDRAISING FUNCTION TICKET SALES

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD

NAME OF CANDIDATE: Lilia Hansen

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DATE OF EVENT (YYYY/MM/DD)	DESCRIPTION OF FUNDRAISING EVENT

Income reported as campaign contributions

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations				
Purchases by individuals of more than $250 worth of tickets				
Purchases by individuals of tickets that are more than $50 each				
Total income reported as campaign contributions			∅	

Remember to report all campaign contributions on form 4223 - Summary of Campaign Contributions by Class, and if applicable, on form 4224 - Significant Contributors ($100 or more).

Other income not reported as campaign contributions

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by individuals of tickets of $50 or less			∅	

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4229 - SUMMARY OF ELECTION EXPENSES

LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE
Lilia Hansen

	Column A Election Expenses	Column B Election Proceedings Period Expenses
ADVERTISING		
Brochures, pamphlets and flyers	704.86	
Internet	70.00	
Newspaper, magazine, journal		
Radio	1,237.74	
Signs and billboards		
Television		
Other advertising		
CAMPAIGN ADMINISTRATION		
Salaries and wages		
Rent, insurance and utilities		
Courier and postage		
Furniture and equipment		
Office supplies		
Professional services		
Other campaign administration expenses		
Conventions and meetings		
Other campaign related functions		
Research and polling		
Interest		
EXCLUSIONS THAT MUST BE REPORTED		
Personal election expenses		
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services		
Other expenses (describe)		
Total Expenses	A 2,012.60	B

Column A - Report the value of all election expenses for goods and services used in the campaign period.

Column B - Report the value of all election expenses for goods and services used in the election proceedings period.

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4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION

LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE
Lilia Hansen

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OF 1

DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER

*Also include legal name if different than ballot name.

TOTAL A Ø

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4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT

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NAME OF CANDIDATE
Lilia Hansen

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DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
2017/07/27	N	Nomination Deposit	50.00
		TOTAL	A 50.00

*TYPE:
B – Bank fees
E – Intended election expense that was not used
F – Payments made for fundraising purposes
N – Nomination deposit
O – Other (describe)

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4232 - SHARED ELECTION EXPENSE

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE
Lilia Hansen

PAGE 1 OF 1

DESCRIPTION OF SHARED EXPENSE

Total value of shared election expense	Ø
Candidate's portion of shared election expense*	Ø
Amount paid directly to supplier (if applicable)	Ø
Amount of reimbursements given to other candidate(s)	Ø
Amount of reimbursements received from other candidates	Ø

***Note: Remember to include your portion of the shared expense as an election expense on form 4229 - Summary of Election Expenses.**

Full names of other candidates with whom the expense was shared:

LAST NAME	FIRST NAME	MIDDLE NAME

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4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS

LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE
Lilia Hansen

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Transfers between candidate's own campaign accounts in same jurisdiction

PURPOSE	AMOUNT
	Ø

Transfers from candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
	TOTAL A	Ø

Transfers to candidate's own campaign accounts in other jurisdictions

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
	TOTAL B	Ø

The amounts in boxes **A** and **B** must be carried forward to form **4222**.

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4234 - DISBURSEMENT OF SURPLUS FUNDS

LOCAL ELECTIONS CANDIDATE

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NAME OF CANDIDATE
Lilia Hansen

Balance remaining in campaign account(s) after payment of all expenses	431.65	A
Total amount of campaign contributions from candidate	2,500.00	B
Amount reimbursed to candidate from campaign account for the candidate's contributions to their campaign	431.65	C
Date of reimbursement to candidate (YYYY/MM/DD)	2017/09/25	
Amount of remaining surplus funds (after any reimbursement under box C)	Ø	D
If the amount in Box D is $500 or more, it must be paid to the jurisdiction in which the candidate ran for election. Provide the date of payment (YYYY/MM/DD).		

If the amount in Box D is less than $500 provide details of how it was disbursed.

DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT
2017/09/25	Zero balance.	Ø

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4235 - FREE ADVERTISING FROM JURISDICTION

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NAME OF CANDIDATE
Lilia Hansen

Free advertising provided by jurisdiction

DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)
2017/08/30	Fort St. John	Alaska Hwy News Newspaper - Bio on candidate.
2017/07/27	Fort St. John	Alaska Hwy News - Newspaper - Announcing Candidate filed to run.
2017/07/27	Fort St. John	Energetic City - Bio on Candidate Website
2017/09/07	Fort St. John	Energetic City - All Candidates Forum - Website
2017/07/27	Fort St. John	City of Fort St. John - Website - List of Candidates

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4236 - PREVIOUS FINANCIAL AGENTS

LOCAL ELECTIONS CANDIDATE

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N/A

NAME OF CANDIDATE
Lilia Hansen

EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)

FINANCIAL AGENT'S LAST NAME | FIRST NAME | MIDDLE NAME

FINANCIAL AGENT MAILING ADDRESS | PHONE NO.

CITY/TOWN | POSTAL CODE | EMAIL (IF AVAILABLE)

EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)

FINANCIAL AGENT'S LAST NAME | FIRST NAME | MIDDLE NAME

FINANCIAL AGENT MAILING ADDRESS | PHONE NO.

CITY/TOWN | POSTAL CODE | EMAIL (IF AVAILABLE)

EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)

FINANCIAL AGENT'S LAST NAME | FIRST NAME | MIDDLE NAME

FINANCIAL AGENT MAILING ADDRESS | PHONE NO.

CITY/TOWN | POSTAL CODE | EMAIL (IF AVAILABLE)

EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)

FINANCIAL AGENT'S LAST NAME | FIRST NAME | MIDDLE NAME

FINANCIAL AGENT MAILING ADDRESS | PHONE NO.

CITY/TOWN | POSTAL CODE | EMAIL (IF AVAILABLE)

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